

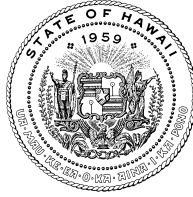
STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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**Testimony in SUPPORT of SB2885
RELATING TO HOMELESSNESS**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN CONCERNS

February 12, 2024, 1:02 PM Room Number: 225

- 1 **Fiscal Implications:** Undetermined
- 2 **Department Position:** The Department supports the measure's intent and offers comments.
- 3 **Department Testimony:** The Alcohol and Drug Abuse Division (ADAD) provides the
- 4 following testimony on behalf of the Department.
- 5 The bill establishes a homeless triage center program with the Statewide Office of Homelessness
- 6 and Housing Solutions (SOHHS) and appropriate funds for implementation.
- 7 Either way one slices the latest 2023 Point-in-Time (PIT) Count data, about 30 percent of
- 8 individuals and families experiencing homelessness, whether sheltered or unsheltered, have
- 9 reported a substance use problem, and about 40 percent have reported a mental illness.
- 10 The department also welcomes more discussion with the community and service providers to get
- 11 clarity on the needed triage and withdrawal management aka "detox" services to better prepare a
- 12 competitive procurement, and how the triage center program could be utilized in the community.
- 13 **Offered Amendments:** None.
- 14 Thank you for the opportunity to testify on this measure.



EXECUTIVE CHAMBERS
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA

Testimony of **John Mizuno**
Governor's Coordinator on Homelessness
Before the
Senate Committee on Health and Human Services
February 12, 2024
1:02 p.m., Conference Room 225

In consideration of
Senate Bill No. 2885
RELATING TO HOMELESSNESS

Aloha Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

I am writing in support of SB2885 which will establish a Homeless Triage Center program within the Statewide Office on Homelessness and Housing Solutions (SOHHS).

This measure will **create more space for individuals with mental or behavioral health needs**, which is a priority for the SOHHS and the Green administration. Homeless individuals suffering from behavioral health conditions often repeatedly enter hospitals and into the criminal justice system. Expanding both clinical and community-based facilities for behavioral and mental health healing will save the state's dollars and will allow for emergency departments and law enforcement officers to direct resources to other priorities in our communities.

Thank you for the opportunity to provide testimony in support of this measure.

Mahalo,

John Mizuno
Governor's Coordinator on Homelessness



The Institute for Human Services, Inc.
Ending the Cycle of Homelessness

TO: Honorable Sen. Joy A. San Buenaventura
Chair, Senate Committee on Health and Human Services

Honorable Sen. Henry J.C Aquino
Vice Chair, Senate Committee on Health and Human Services

FROM: Angie Knight, Community Relations Manager
IHS, The Institute for Human Services, Inc.

RE: SB2885 - RELATING TO HOMELESSNESS.

HEARING: Monday, February 12, 2024 at 1:02 PM.

POSITION: IHS supports the passing of SB2885 with amendments.

The Institute for Human Services, IHS' 'Imi Ola Piha Homeless Triage Center is the State's only community-based medicated assisted detox center for homeless individuals; moreover, it also is the only ADAD (Alcohol and Drug Abuse Division) accredited community-based detox center in the the State of Hawai'i. For this reason, we propose to change our name to the Homeless Treatment Center to help clarify what this bill was meant to support. While other programs are equipped to offer social detox services or outpatient detox treatment, 'Imi Ola Piha is stand-alone in its services for 24-hour medical support for withdrawal management and wraparound care with length of stay from 5-12 days in the 8-bed facility.

Unlike Behavioral Health Crisis Centers that are focused on responding to mental health crises that precipitate MH orders and police transport to the facility, Homeless Treatment Centers will be primarily designated sites for homeless individuals to seek medicated assisted substance detox treatment when they are ready and receive withdrawal management services. Moreover, many 'Imi Ola Piha clients receive concurrent services of psych stabilization and detox due to having co-occurring conditions.

Vital to the success of our substance use detox and/or mental health treatment continuum of services, IHS connects individuals graduating from 'Imi Ola Piha with appropriate supportive services, whether that be through residential substance abuse treatment, transitional housing with intensive outpatient treatment, or at one of our shelters with intensive outpatient treatment, until a residential bed may be accessed.

IHS supports the intent of this bill in establishing funding for existing and much-needed additional HTC sites. However, due to the clinical nature and critical function of establishing stability for those motivated for life-changing intervention, **we suggest that the Homeless Triage Centers be changed to Homeless Treatment Centers (HTC) with funding and oversight falling under the Department of Health's Alcohol and Drug Abuse Division** because Homeless Treatment Centers are targeted to serve homeless individuals or those at risk for homelessness and is eligible for Medicaid billing for some of the services offered.



The Institute for Human Services, Inc.
Ending the Cycle of Homelessness

Often, a client's motivation to begin detox or get mental health stabilization is fickle and fleeting. By having HTC funded and monitored by the DoH, HTCs would be more appropriately funded to provide these services in the long term. Since welcoming our first client on June 5, 2023, 'Imi Ola Piha has had 102 successful detox and psych stabilizations out of 130 exits after admission, a 78% success rate.

The need is great; currently, IHS is the only site able to provide this often life-saving service. The demand for an HTC extends beyond Honolulu City & County. Last week, we welcomed two clients from Hawai'i County, and this week an individual from Maui County. They arrived via plane tickets purchased by loved ones and their insurance.

Mahalo for the opportunity to testify.

PARTNERS IN CARE

Oahu's Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

TESTIMONY IN SUPPORT OF SB 2885: RELATING TO HOMELESSNESS

TO: Senate Committee on Health and Human Services
FROM: Partners In Care (PIC)
Hearing: **MONDAY, 2/12/24; 1:02 pm; CR 225 or via videoconference**

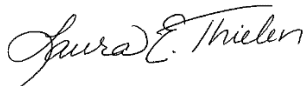
Chair San Buenaventura and Members of the Senate Committee on Health and Human Services:

Thank you for the opportunity to provide testimony in **SUPPORT OF SB2885: Relating to Homelessness** which shall establish a triage center program for homeless individuals and appropriates funds for the implementation of the triage center program. Partners In Care (PIC) is a coalition of more than 60 non-profit homelessness providers, individuals with lived experience and concerned community members across O'ahu.

Services including detox and mental health care are severely lacking throughout the state and the establishment of this triage center will fill a gap in available services. While we strongly support this measure, we would encourage more centers and programs like the one being piloted by IHS.

Thank you for the opportunity to provide testimony and comments in support of SB 2885. Please do not hesitate to reach out to PIC for any additional information.

Mahalo,



Laura E. Thielen
Executive Director
Partners In Care – O'ahu Continuum of Care



SB2885 Homeless Triage Center

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Monday, Feb 12, 2024: 1:02: Room 415 Videoconference

Hawaii Substance Abuse Coalition Supports SB2885:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery-oriented services.

HSAC supports providing temporary care to those suffering from homelessness, addictions, and mental health struggles by providing shelter, food and triage including detoxification and initiating psychiatric medication as well as urgent health care.

We note that the pilot program for 8 beds operated by I.H.S. was beneficial to provide assessments of a person's disorders while detoxing and stabilizing.

HSAC suggests that Case Management is key to refer patients to housing and continuing in recovery services.

1. This triage can be a **great opportunity to** stabilize them for housing and then **refer to co-occurring disorder treatment (treats both mental illness and substance abuse in one setting)**.
2. Federal studies indicate that once housed after urgent care, that 50% to 70% of homeless will want some form of recovery.

HSAC recommends amendments to the following:

§346 (b) (5) Behavioral health services including **co-occurring disorder treatment**; and (6) Trauma-informed, cultural-based life skills groups for shelter guests to maximize engagement and retention.

We appreciate the opportunity to provide testimony and are available for questions.

SB-2885

Submitted on: 2/10/2024 12:46:37 AM

Testimony for HHS on 2/12/2024 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Shana Wailana Kukila	Individual	Support	Remotely Via Zoom

Comments:

RE: SB2885 RELATING TO HOMELESSNESS

POSITION: SUPPORT

Aloha Chair and Committee Members,

I write in full support of this bill to establish triage centers for our endangered houseless population, many who suffer from extreme trauma and many who are vulnerable to being victims of violent crime while living on the streets.

Two recent cases come to mind: a homeless woman who gave birth to a baby on the sidewalk of a Kahala neighborhood and put her newborn in a trash can, and the other young woman on the streets of downtown Hilo who was so mentally impaired that she gave birth and had no idea her newborn was still attached to her by its umbilical cord as it dragged along after her on the ground as she walked down the street.

These are just two horrific examples of how many endangered individuals are wandering through Hawai'i's neighborhoods in dire need of triage centers outside of the hospital setting such as community outreach medical professionals that can go out and triage patients like these on the spot.

I also urge the Department of Hawaiian Homelands and private landowners like Bishop Estate to do a thorough assessment of the growing numbers of homeless individuals living amidst the bushes on their properties in areas like Panaewa properties surrounding Kuhio Mall and sections of Wailoa Park. These homeless communities are growing, and the people there are endangered on their properties, many of whom are Hawaiians. This could prove to be a liability if someone living in these bushes gets hurt or worse. Business and private landowners are also vulnerable to lawsuits and should take their kuleana for the homeless encampments on their properties in a proactive, responsible manner. Ignoring the problem will not make it go away, and fences and gates are temporary fixes. Businesses suffer when the community suffers, and need to better engage.

Therefore, public-private partnerships are crucial to ensuring effective solutions.

The answer to the houseless/homeless problem is that it takes a village, and triage centers are an important part of this effort, so a homeless treatment center fund should be created by collecting funds to share in the costs and resources to make these triage/healthcare facilities a reality.

Mahalo for the opportunity to testify on this important matter.

Shana W. Kukila

Hilo, HI

SB-2885

Submitted on: 2/11/2024 10:44:19 AM

Testimony for HHS on 2/12/2024 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Ellen Godbey Carson	Individual	Support	Written Testimony Only

Comments:

Aloho.

I ask for your support for this bill, which is meant to ensure funding for this program which serves a vital role in helping those who are homeless and addicted to alcohol and drugs have access to medication protocols that would help make withdrawal symptoms tolerable and not as lethal as it could potentially be in a safe environment.

I am a volunteer who has served as president of IHS (our state's largest homeless services provider) and Hale Kipa (providing residential services for homeless youth). I know that providing these medication protocols in supportive settings is essential to our ability to address chronic homelessness and substance abuse in our community.

The IHS Homeless Triage Center has been a wonderful example of the life-saving work that can be done by offering immediate triage and detoxification for homeless people who are ready to start their journey of recovery. These individuals need round the clock medical monitoring and medication support to get clean or otherwise withdrawal is just too painful or dangerous.

Please support SB2885 with funding to assist in this vital mission.

Ellen Carson, Honolulu, Hawaii

SB-2885

Submitted on: 2/11/2024 10:54:42 AM

Testimony for HHS on 2/12/2024 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Landis Lum	Individual	Support	Written Testimony Only

Comments:

I am a physician for both H4, an inpatient facility for homeless referred to us from various hospitals for IV antibiotics, hospice, etc., as well as for the HTC (homeless triage center), an IHS substance abuse detox center where we also treat the severely mentally ill (schizophrenics, manic depressives...) found by various outreach teams roaming the streets. Medications are a mainstay of treatment for these patients, including shots for prevention of relapse that are effective for 1 to 3 months.

In Hawaii, methamphetamine is involved in 81% of federal drug cases (national average = 49%) & per Quest Diagnostics, Hawaii had 410% more positive workplace drug tests for methamphetamine compared to the national average. Drug abuse drives homelessness due to associated mental and physical impairment, and treatment of substance abuse has been demonstrated to reduce hospitalizations and deaths. Fentanyl use in Hawaii is being skyrocketing, as witnessed by deaths in Waikiki last year. Treatment of heroin and fentanyl addiction by drugs like Suboxone works by reducing cravings and therefore relapse, thus reducing overdose deaths and enabling the user to transform their lives from one of domestic violence and homelessness to one of gainful employment and familial harmony. However, it's a tricky drug to use, needing a technique called induction, and many primary care providers do not prescribe Suboxone. Furthermore, there are not enough providers (or treatment centers) willing and able to treat alcoholism, which when stopped can result in potentially fatal withdrawal seizures and may require several days of inpatient treatment.

But hospitals in general don't admit alcoholics for inpatient treatment, and there's no treatment center on Oahu that does. The Salvation Army has a center but first requires outside providers to give alcoholics a several days supply of benzodiazepine drugs like Librium prior to admission to prevent withdrawal symptoms eg seizures, but outside providers will either prescribe too high a dose, or too low a dose (which may cause the person to have such bad withdrawal that they will leave the facility prematurely in order to drink alcohol and thus revert back to alcoholism). The safest and most effective is to give benzodiazepine doses based on the degree of withdrawal symptoms, which Salvation Army and primary care providers don't do but HTC does.

The legislature would find it cost effective to fund the IHS HTC detox center in that by reducing alcoholism and substance use among our state's homeless population, they would also reduce homelessness and domestic violence as well as ER visits and overall hospitalizations. And potentially transform lives.

Landis Lum MD

SB-2885

Submitted on: 2/11/2024 2:13:10 PM

Testimony for HHS on 2/12/2024 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
dennis b miller	Individual	Support	Written Testimony Only

Comments:

It costs less to house the homeless than to deal with their problems.

You'll reduce the states Medicaid cost because the chronically homeless account for a significant part of Medicaid's budget, due to remaining homeless. Housed people are less sick, less injured, cause less damage, don't waste police officers and security guards time, don't defecate on store fronts or bus stops, etc.

Commit to a tiered housing system. Dorm style for some, actual apartments for families, and involuntary hospitalization for those who refuse help while showing open wounds on the sidewalk.

The benefit to the homeless population of suddenly being housed can't be overstated. The business community will benefit. Waikiki will transform from a mix plate of horror show with resorts to just the resorts.

Instead of endless handwringing about 'what to do about the homeless' you'll give the whole state the wonderful new reality of zero homelessness.

The initial housing cost might exceed the current total cost of homeless interventions, but when you factor in the positive snowball effect, the result will be immensely beneficial for the state.

Dennis B Miller

Waikiki